

2010 FORM B

(Negative Reporting is **Required.**)*

(Please submit to the Nevada State Board of Medical Examiners, 1105 Terminal Way, Suite 301, Reno, NV 89502, no later than January 15, 2011.)

THIS REPORT IS CONFIDENTIAL AND NOT SUBJECT TO SUBPOENA OR DISCOVERY, AND NOT SUBJECT TO INSPECTION BY THE GENERAL PUBLIC.

FOR THE CALENDAR YEAR FROM 1 JANUARY 2010 TO 31 DECEMBER 2010, I DID NOT PERFORM ANY SURGERIES REQUIRING CONSCIOUS SEDATION, DEEP SEDATION OR GENERAL ANESTHESIA, IN MY OFFICE, OR IN ANY OFFICE OR FACILITY OTHER THAN:*

1. A surgical center for ambulatory patients;
2. An obstetric center;
3. An independent center for emergency medical care;
4. An agency to provide nursing in the home;
5. A facility for intermediate care;
6. A facility for skilled nursing;
7. A facility for hospice care;
8. A hospital;
9. A psychiatric hospital;
10. A facility for the treatment of irreversible renal disease;
11. A rural clinic;
12. A nursing pool;
13. A facility for modified medical detoxification;
14. A facility for refractive surgery;
15. A mobile unit; and
16. A community triage center.

Print Name: _____

License Number: _____

Office Address: _____

Doctor's Signature: _____ **Date:** _____

***Failure to submit a report or knowingly filing false information in a report is grounds for disciplinary action, pursuant to NRS 630.30665.**